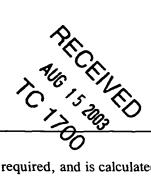
| | O IN THE UNITED STATES PATEN | T AND TRADEMARK OFFICE | 2 | | | |
|----------|---|--------------------------------------|-----------|--|--|--|
| In re Pa | tent Application of |) . | E C | | | |
| Junichi | YAMANOUCHI et al |) Group Art Unit: 1714 | (S () | | | |
| Applica | tion No.: 09/800,649 |) Examiner: Callie E. Shosho | AECE SING | | | |
| Filed: 1 | March 8, 2001 |) Confirmation No.: 4869 | 0 | | | |
| | COLORING COMPOSITION, INK-JET AND INK-JET RECORDING METHOD |)))) | | | | |
| | AMENDMENT/REPLY TR | ANSMITTAL LETTER | | | | |
| P.O. Bo | sioner for Patents x 1450 ria, Virginia 22313-1450 | | | | | |
| Sir: | | | | | | |
| Enc | closed is a reply for the above-identified pate | ent application. | | | | |
| [X] | A Petition for Extension of Time is also | enclosed. | | | | |
| [] | A Terminal Disclaimer and a check for [requisite Government fee are also enclose | | over the | | | |
| [] | Also enclosed is | | · | | | |
| [] | Small entity status is hereby claimed. | | | | | |
| [] | [] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (2801) [] \$740.00 (1801) fee due under 37 C.F.R. § 1.17(e). | | | | | |
| | [] Applicant(s) previously submitted _ requested. | _, on, for which continued examina | ation is | | | |
| [] | Applicant(s) request suspension of action exceed three months from the filing of th § 1.103(c). The required fee under 37 C | is RCE, in accordance with 37 C.F.R. | | | | |
| [] | A Request for Entry and Consideration o (146/246) is also enclosed. | f Submission under 37 C.F.R. § 1.129 | (a) | | | |
| [X] | No additional claim fee is required. | | | | | |



Amendment/Reply Transmittal Letter Application No. 09/800,649 Attorney's Docket No. 003510-083

Page 2

An additional claim fee is required, and is calculated as shown below:

| AMENDED CLAIMS | | | | | | |
|--|------------------|---|-----------------|--------------------|---------------|--|
| | No. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADDT'L FEE | |
| Total Claims | 15 | MINUS 20 = | 0 | × \$18.00 (1202) = | 0.00 | |
| Independent Claims | 4 | MINUS 4 = | 0 | × \$84.00 (1201) = | 0.00 | |
| If Amendment adds multiple dependent claims, add \$280.00 (1203) | | | | | | |
| Total Amendment Fee | | | | | | |
| If small entity status is claimed, subtract 50% of Total Amendment Fee | | | | | | |
| TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT | | | | | 0.00 | |

| I |] | A | claim | fee | in the | amount | of S | \$ is | enclosed. |
|---|---|---|-------|-----|--------|--------|------|----------|-----------|
| | | | | | | | | | |

[] Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Registration No. 19,995

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: August 11, 2003